Over the last 10 months, we have seen what can happen when a single person (our governor, and other governors around the country) subverts the constitution and the structure of a constitutional republic, taking over sole control of entire states. This is not how our Republic is meant to run.

Unelected officials (the North Dakota State Health Department Appointees) have been given free reign to write whatever laws/mandates they seem fit. Legislators, House/Senate, this is YOUR privilege and responsibility. Not some unelected lawyer who knows next to nothing about health, and whose job depends on pleasing the governors whims.

For 10 months we have sat by and allowed these people to attempt to remove aspects of almost every aspect of freedom we have today. When a person is given unlimited power, the likelihood they are going to want to give it back is slim to none.

Emergency declaration is just that. An Emergency. 10 months later they would still like you to believe this is about an "emergency". I hope you can now see it for what it is. A giant step in destroying the boundaries between executive and legislative branches, to normalize the executive branch of government exhibiting power and control over the other branches. As long as they can still get you to believe, through media propaganda, department of health half-truths, massive testing, that we should all live in a state of fear, they can perpetuate that fear and maintain an stranglehold on our people. Over the last few months, I've learned a lot about politics. I've also learned a lot about how people are manipulated. Just the other day, Christie Massen, director of the state lab, was interviewed for her role in major problems with the lab testing performance, and situations with multiple massive numbers of false positives. These numbers, I believe, are enough to significantly change the percentages dating back to at least September and were paramount in numbers used to leverage a statewide shutdown. When brought to their lab manager's attention (who incidentally, works under the department who WROTE the emergency declaration mandates/rules/laws), she was allegedly told, "It's not like we are telling them they have AIDS.
https://docs.google.com/document/d/1kweg2sWtnL7tBqgNv7gvh6D7W1m2s5V19ErSvcYHJX8/edit?usp=sharing

Since the writing above was submitted to the legislative body, the lab manger was interviewed. the state lab manager admits the problems in the lab thermofischer machines (which, by the way, should be sued to recoup costs to the state, both in lab testing and in financial burden of shutdown). However the damage is done, and for the purposes of this bill, the only point is to tell you the executive branch (which as I understand includes the DOH and state lab) has been wrong at MULTIPLE junctures and used these "errors" to further justify an emergency order. This is the video of the lab director being interviewed, for your viewing pleasure.

https://video.legis.nd.gov/en/PowerBrowser/PowerBrowserV2/20210113/-1/18630

We have seen our state be hit very significantly by the overreach of power. There are people, including the DOH that claim we need to extend the emergency declaration until more people are vaccinated. I

can tell you this is a mistruth and misrepresentation of the capabilities of these vaccines. So either they have not read the studies or they voluntarily have presented mistruths.

Why? Because there is no proof they prevent transmission of Sars COVID-2 infection, mortality, asymptomatic transmission, OR long term effects. Any claim, at this point, is conjecture from the research I've seen. The Pfizer vaccine study specifically admits it (which is the primary vaccine used in North Dakota). Taken Straight from Pfizer's phase 3 study:

**8.2. Unknown Benefits/Data Gaps**

**Duration of protection**

As the interim and final analyses have a limited length of follow-up, it is not possible to assess sustained efficacy over a period longer than 2 months.

**Effectiveness in certain populations at high-risk of severe COVID-19**

Although the proportion of participants at high risk of severe COVID-19 is adequate for the overall evaluation of safety in the available follow-up period, the subset of certain groups such as immunocompromised individuals (e.g., those with HIV/AIDS) is too small to evaluate efficacy outcomes.



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**Effectiveness in individuals previously infected with SARS-CoV-2**

The primary endpoint was evaluated in individuals without prior evidence of COVID-19 disease, and very few cases of confirmed COVID-19 occurred among participants with evidence of infection prior to vaccination (although more cases occurred in the placebo group compared with the vaccine group). Therefore, available data are insufficient to make conclusions about benefit in individuals with prior SARS-CoV-2 infection. However, available data, while limited, do suggest that previously infected individuals can be at risk of COVID-19 (i.e., reinfection) and could benefit from vaccination.

**Effectiveness in pediatric populations**

The representation of pediatric participants in the study population is too limited to adequately evaluate efficacy in pediatric age groups younger than 16 years. No efficacy data are available from participants ages 15 years and younger. Although adolescents 16 to 17 years of age were included in the overall efficacy analysis, only one confirmed COVID-19 case was reported in this age group. However, it is biologically reasonable to extrapolate that effectiveness in ages 16 to 17 years would be similar to effectiveness in younger adults. Efficacy surveillance continued beyond November 14, 2020, and the Sponsor has represented that additional data will be provided in a BLA.

**Future vaccine effectiveness as influenced by characteristics of the pandemic, changes in the virus, and/or potential effects of co-infections**

The study enrollment ~~and follow up occurred during the period of July 27 to N~~ovember 14, 2020, in various geographical locations. The evolution of the pandemic characteristics, such as increased attack rates, increased exposure of subpopulations, as well as potential changes in the virus infectivity, antigenically significant mutations to the S protein, and/or the effect of co-infections may potentially limit the generalizability of the efficacy conclusions over time. Continued evaluation of vaccine effectiveness following issuance of an EUA and/or licensure will be critical to address these uncertainties.

**Vaccine effectiveness against asymptomatic infection**

Data are limited to assess the effect of the vaccine against asymptomatic infection as measured by detection of the virus and/or detection of antibodies against non-vaccine antigens that would indicate infection rather than an immune response induced by the vaccine. Additional evaluations will be needed to assess the effect of the vaccine in preventing asymptomatic infection, including data from clinical trials and from the vaccine's use post-authorization.

**Vaccine effectiveness against long-term effects of COVID-19 disease**

COVID-19 disease may have long-term effects on certain organs, and at present it is not possible to assess whether the vaccine will have an impact on specific long-term sequelae of COVID-19 disease in individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 should translate to overall prevention of COVID-19-related sequelae in vaccinated populations, though it is possible that asymptomatic infections may not be prevented as effectively as symptomatic infections and may be associated with sequelae that are either late-onset or undetected at the time of infection (e.g., myocarditis). Additional evaluations will be needed to assess the effect of the vaccine in preventing long-term effects of COVID-19, including data from clinical trials and from the vaccine's use post-authorization.





**Vaccine effectiveness against mortality**

A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality. However, non-COVID vaccines (e.g., influenza) that are efficacious against disease have also been shown to prevent disease-associated death.[11-14] Benefits in preventing death should be evaluated in large observational studies following authorization.

**Vaccine effectiveness against transmission of SARS-CoV-2**

Data are limited to assess the effect of the vaccine against transmission of SARS-CoV-2 from individuals who are infected despite vaccination. Demonstrated high efficacy against symptomatic COVID-19 may translate to overall prevention of transmission in populations with high enough vaccine uptake, though it is possible that if efficacy against asymptomatic infection were lower than efficacy against symptomatic infection, asymptomatic cases in combination with reduced mask-wearing and social distancing could result in significant continued transmission. Additional evaluations including data from clinical trials and from vaccine use post-authorization will be needed to assess the effect of the vaccine in preventing virus shedding and transmission, in particular in individuals with asymptomatic infection.

The reason I believe this to be so relevant is this: There is no "end" to sars covid-2, just like there was no "end" to the original SARS that effected china years ago. It ran its course, and

eventually life went back to normal.  Other countries have proven that draconian lockdowns have no difference in death rates and infection rates, but DO have major implications in psychological, mental, financial, social, and even physical aspects of life.

Please support the ending of this emergency declaration and help us get our lives back to as normal as can be.

Thank you for your time,

Dr. Steve Nagel, DC

Bismarck, North Dakota